

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
RADIATION CONTROL PROGRAM
APPLICATION FOR REGISTRATION OF A LASER FACILITY
NOTE: Registration is required only for facilities using ANSI Class 3b or 4 lasers.

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FACILITY TELEPHONE NUMBER _____

NAME OF THE CONTACT PERSON AT THE FACILITY REGARDING THE USE OF
THE LASER(S):

_____ TITLE: _____

TELEPHONE NUMBER: _____

NAME OF THE LASER SAFETY OFFICER (LSO):

ADDRESS OF THE LSO, IF OTHER THAN THAT OF THE FACILITY:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RSO TELEPHONE NUMBER: _____

NATURE OF THE LASER FACILITY'S LASER USE:

- | | |
|--|--|
| <input type="checkbox"/> Industrial processing | <input type="checkbox"/> Optical fiber communication systems |
| <input type="checkbox"/> Industrial research | <input type="checkbox"/> Education |
| <input type="checkbox"/> Entertainment (i.e. laser light show) | <input type="checkbox"/> Health care |

Please complete and attach an *INVENTORY OF ANSI CLASS 3b and 4 LASERS* Form.

I, _____ (as the facility owner or the designee for the owner)
certify that the above named facility is complying with the applicable requirements of the
American National Standards Institute Z136 Guidelines and 105 CMR 121.000:

SIGNATURE and DATE:

INVENTORY OF ANSI CLASS 3b AND 4 LASERS

FACILITY: _____ **DATE:** _____

Laser Manufacturer	Laser Model	Laser Serial Number	ANSI Z136.1 Laser Class	Laser Medium	Describe the Application for Which the Laser is Being Used.
			(check one) <input type="checkbox"/> 3b <input type="checkbox"/> 4		
			<input type="checkbox"/> 3b <input type="checkbox"/> 4		
			<input type="checkbox"/> 3b <input type="checkbox"/> 4		
			<input type="checkbox"/> 3b <input type="checkbox"/> 4		
			<input type="checkbox"/> 3b <input type="checkbox"/> 4		